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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Identify Yourself | | |
|---|--|--|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| r full name | | |
| e the name that is on | Simone | |
| government-issued ire identification (for nple, your driver's | First name | First name |
| se or passport). | Middle name | Middle name |
| g your picture | Sauire | |
| tification to your ting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| other names you have d in the last 8 years de your married or den names. | Simone Squire-Cephas | |
| the last 4 digits of Social Security ber or federal vidual Taxpayer tification number | xxx-xx-1167 | |
| r s iris State | the name that is on government-issued re identification (for inple, your driver's se or passport). If your picture iffication to your ing with the trustee. The names you have in the last 8 years de your married or en names. The last 4 digits of Social Security ber or federal ridual Taxpayer tification number | About Debtor 1: If ull name If the name that is on government-issued re identification (for sple, your driver's see or passport). Middle name Simone First name Middle name Squire Last name and Suffix (Sr., Jr., II, III) Ither names you have I in the last 8 years de your married or en names. If the last 4 digits of Social Security ber or federal ridual Taxpayer tification number About Debtor 1: Simone First name Squire Last name and Suffix (Sr., Jr., II, III) XXX-XX-1167 |

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Debtor 1 Simone Squire

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ☐ I have not used any business name or EINs. FDBA S & M Vending Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 2327 S. Central Ave. | If Debtor 2 lives at a different address: |
| | | Rockford, IL 61102 Number, Street, City, State & ZIP Code Winnebago | Number, Street, City, State & ZIP Code |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Case number (if known) Debtor 1 Simone Squire

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 | | | | | | |
|---------|---|--|--|--|--|---|------|--|
| | choosing to file under | | | | | | | |
| | | □с | hapter 11 | | | | | |
| | | □с | hapter 12 | | | | | |
| | | □с | hapter 13 | | | | | |
| 8. | How you will pay the fee | • | about how yo | u may pay. Typ attorney is subi | pically, if you are paying the fee yo | with the clerk's office in your local court for more deturself, you may pay with cash, cashier's check, or molalf, your attorney may pay with a credit card or check | ney | |
| | | | | | tallments. If you choose this options (Official Form 103A). | n, sign and attach the Application for Individuals to Po | эу | |
| | | | I request that but is not req applies to you | t my fee be wa uired to, waive y ur family size ar | aived (You may request this option your fee, and may do so only if yound you are unable to pay the fee in | only if you are filing for Chapter 7. By law, a judge mur income is less than 150% of the official poverty line installments). If you choose this option, you must fill | that | |
| | | | the Application | n to Have the (| Chapter 7 Filing Fee Waived (Offic | ial Form 103B) and file it with your petition. | | |
| 9. | Have you filed for bankruptcy within the | ■ No |). | | | | | |
| | last 8 years? | ☐ Ye | es. | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Ye | es. | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | - | When | Case number, if known | | |
| | | | Debtor | - | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 1. | Do you rent your residence? | ■ No | Go to I | ne 12. | | | | |
| | | □ Ye | es. Has yo | ur landlord obta | ained an eviction judgment agains | you and do you want to stay in your residence? | | |
| | | | | No. Go to line | 12. | | | |
| | | | | | | | | |

Document Page 4 of 55 Case number (if known) Debtor 1 Simone Squire Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own

Number, Street, City, State & Zip Code

Where is the property?

perishable goods, or

livestock that must be fed, or a building that needs urgent repairs?

Debtor 1 Simone Squire Document Page 5 of 55

Case number (if known)

Part 5:

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Simone Squire Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do vou **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you ■ \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Simone Squire Signature of Debtor 2 Simone Squire Signature of Debtor 1 Executed on November 18, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Simone Squire Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Gary C | . Flanders | Date | November 18, 2016 | |
|-------------------------|------------------------|---------------|-------------------|---|
| Signature of | Attorney for Debtor | | MM / DD / YYYY | |
| Gary C. FI | anders | | | _ |
| Printed name Bankrupto | cy Clinic | | | |
| Firm name | y Chine | | | |
| 1 Court Pl | ace | | | |
| Rockford, | IL 61101 | | | |
| Number, Street, | City, State & ZIP Code | | | |
| Contact phone | 815-962-7084 | Email address | | |
| 6180219 | | | | |
| Bar number & S | itate | | _ | |

| | | Docume | ent Page 8 of 55 | | |
|--------------------|--------------------------|-------------------|------------------|-------|---------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Simone Squire | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| if known) | | | | _ | if this is an |
| | | | | amend | led filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | |
|-----|--|------------|----------------------------------|
| | | value | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 87,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 13,995.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 100,995.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | i abilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 107,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 208,029.00 |
| | Your total liabilities | \$ | 315,029.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,378.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,001.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| | ■ Yes What kind of debt do you have? | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Debtor 1 Simone Squire

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

5,242.00 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 192,500.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 192,500.00 |

| | Case : | 16-8272 | 3 DOC 1 | | 11/18/16 ument | Entered 11/18 Page 10 of 55 | 3/16 16:33 | :39 Des | SC IVI | λIN |
|---|---|---|--|----------------------------|--|---|--------------------------|------------------|---------------------|--|
| Fill in t | his information | n to identify | your case and t | | | | | | | |
| Debtor | <u> </u> | imone Squ st Name | | le Name | | Last Name | | | | |
| Debtor (Spouse, | | st Name | Midd | le Name | | Last Name | | | | |
| United | States Bankrup | tcy Court for | the: NORTHE | RN DIST | RICT OF ILLIN | NOIS | | | | |
| Case n | umber | | | | | - | | | | heck if this is an mended filing |
| Sch n each c hink it fi nformati Answer e | its best. Be as coion. If more space every question. | VB: PI tely list and d omplete and a se is needed, | coperty escribe items. List accurate as possib attach a separate s | ole. If two sheet to ti | married people his form. On the | an asset fits in more than e are filing together, both e top of any additional pa | are equally resp | onsible for su | pplying | correct |
| Part 1: | | | | | | n or Have an Interest In | | | | |
| | | ny legal or eq | uitable interest in | any resid | ence, building, | land, or similar property | ? | | | |
| _ | . Go to Part 2. | | | | | | | | | |
| ■ Ye | s. Where is the p | roperty? | | | | | | | | |
| | | | | | | | | | | |
| 1.1 | 27 S Contro | I Avonuo | | What | is the property | ? Check all that apply | | | | |
| | 327 S. Centra eet address, if availa | | cription | _ = | Single-family had been been been been been been been bee | | the amoun | | claims | xemptions. Put on Schedule D: red by Property. |
| | ockford | IL | 61102-0000 | | Land | or mobile home | Current va entire pro | perty? | | nt value of the |
| Cit | y | State | ZIP Code | | Investment pro Timeshare Other | орепу | Describe t | | | \$77,000.00 ership interest the entireties, or |
| | | | | • | has an interest Debtor 1 only | in the property? Check on | | e), if known. | | |
| | innebago | | | | Debtor 2 only | | | | | |
| Co | unty | | | | Debtor 1 and I | Debtor 2 only f the debtors and another | | k if this is com | munity | property |
| | | | | | 7 tt 10d0t 0110 01 | r tne debtors and another ou wish to add about this | , | , | | |

Official Form 106A/B Schedule A/B: Property page 1

property identification number:

single family residence located at 2327 S. Central Ave., Rockford, IL

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Case number (if known) Document Debtor 1 Simone Squire If you own or have more than one, list here: 1.2 What is the property? Check all that apply Westgate Resort ☐ Single-family home Do not deduct secured claims or exemptions. Put 7700 Westgate Blvd the amount of any secured claims on Schedule D: ■ Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Street address, if available, or other description Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the **Kissimmee** FΙ 34747-0000 ☐ Land portion you own? entire property? City \$10.000.00 \$10,000.00 State ZIP Code ■ Investment property Timeshare Describe the nature of your ownership interest ☐ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one timeshare Debtor 1 only Osceola ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: condominium timeshare located in Kissimmee, Florida 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for \$87,000.00 pages you have attached for Part 1. Write that number here...... Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Saturn Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: ION Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2004 Year: Debtor 2 only Current value of the Current value of the 300,000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Dealer retail \$2500.00 \$2,000.00 \$2,000.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Scion Who has an interest in the property? Check one 32 Make: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Hatchback Model: ■ Debtor 1 only 2007 Debtor 2 only Current value of the Current value of the 197000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Dealer retail value \$2000.00 \$1.500.00 \$1.500.00 ☐ Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

■ No

☐ Yes

Official Form 106A/B Schedule A/B: Property

Yes. Describe.....

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Case number (if known) Debtor 1 Simone Squire jewelry with estimated retail value of \$50.00 \$25.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ No ■ Yes. Give specific information..... \$100.00 hand tools with estimated retail value of \$200.00 \$200.00 lawn mower with estimated retail value of \$400.00 \$25.00 snow blower with estimated retail value of \$50.00 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,070.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No □ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: ■ Yes..... **Chase Bank** \$200.00 17.1. checking **Chase Bank** \$50.00 savings account Open Sky \$25.00 debit account 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture □ No Yes. Give specific information about them..... Name of entity: % of ownership:

Official Form 106A/B Schedule A/B: Property

Case 16-82723 Doc 1 Filed 11/18/16 Entered 11/18/16 16:33:39 Desc Main Document Page 14 of 55 Case number (if known) Debtor 1 Simone Squire **RGSS Management, Inc.** % \$0.00 % \$0.00 S & M Vending a partnership 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401(k) \$8,000.00 403(b) / TRS retirement Unknown 403(b) Pension through Met life Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the

Official Form 106A/B Schedule A/B: Property page 5

portion you own?
Do not deduct secured claims or exemptions.

Document Page 15 of 55 Case number (if known) Debtor 1 Simone Squire 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No $\hfill \square$ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ No ■ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Life insurance with death benefit only. \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$8.275.00 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ■ No ☐ Yes. Describe.....

Schedule A/B: Property

Official Form 106A/B

Case 16-82723

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Case number (if known) Document

| 39. Office equipment, furnishings, and supplies | |
|---|----------------------------------|
| Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, de | esks, chairs, electronic devices |
| □ Yes. Describe | |
| | |
| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade | |
| □ No | |
| Yes. Describe | |
| vending machine with estimated retail value of \$150.00 | \$150.00 |
| | |
| 41. Inventory | |
| ■ No | |
| ☐ Yes. Describe | |
| 42. Interests in partnerships or joint ventures | |
| ■ No | |
| ☐ Yes. Give specific information about them | |
| Name of entity: % of ownership: | |
| 43. Customer lists, mailing lists, or other compilations | |
| No. | |
| ☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| <u> </u> | |
| ■ No | |
| ☐ Yes. Describe | |
| 44. Any business-related property you did not already list | |
| ■ No | |
| ☐ Yes. Give specific information | |
| | |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached | 1 |
| for Part 5. Write that number here | \$150.00 |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. | |
| If you own or have an interest in farmland, list it in Part 1. | |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | |
| ■ No. Go to Part 7. | |
| ☐ Yes. Go to line 47. | |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | |
| Describe All Property You Own of have an interest in That You Did Not List Above | |
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | |
| ■ No | |
| ☐ Yes. Give specific information | |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here | \$0.00 |
| on the and admin raise of an or your origino from all fit fills that hall hold in minimum minimum | Ψυ.υυ |

Official Form 106A/B Schedule A/B: Property page 7

Debtor 1

Simone Squire

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Case number (if known) Debtor 1 Simone Squire

| Part | 8: List the Totals of Each Part of this Form | | | |
|------|--|-------------|------------------------------|--------------|
| 55. | Part 1: Total real estate, line 2 | | | \$87,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$3,500.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$2,070.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$8,275.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$150.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$13,995.00 | Copy personal property total | \$13,995.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$100,995.00 |

Official Form 106A/B Schedule A/B: Property page 8

| | | Docume | | |
|---------------------|--------------------------|-------------------|-------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Simone Squire | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | ☐ Check if this is an |
| (ii kilowii) | | | | amended filing |

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | You are claiming state and federal nonban | kruptcy exemptions. ' | ions. 11 U.S.C. § 522(b)(3) | | |
|----|---|--------------------------------------|-----------------------------|---|------------------------------------|
| | ☐ You are claiming federal exemptions. 11 | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | 2327 S. Central Avenue Rockford, IL 61102 Winnebago County | \$77,000.00 | | \$15,000.00 | 735 ILCS 5/12-901 |
| | single family residence located at 2327 S. Central Ave., Rockford, IL Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2004 Saturn ION 300,000 miles Dealer retail \$2500.00 | \$2,000.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 5 beds, 2 sofas, 2 loveseats, chair, stove, refrigerator, washer, dryer, 3 | \$800.00 | | \$1,100.00 | 735 ILCS 5/12-1001(b) |
| | tables, dishwasher, dining room set, pool table, piano, microwave oven, etc. with estimated retail value of \$1600.00 | | | 100% of fair market value, up to any applicable statutory limit | |

\$400.00

5 tvs, 4 dvd players, computerwith

estimated retail value of \$800.00

Line from Schedule A/B: 6.1

Line from Schedule A/B: 7.1

735 ILCS 5/12-1001(b)

\$400.00

100% of fair market value, up to any applicable statutory limit

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Debtor 1 Simone Squire Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B dvd and cds with estimated retail 735 ILCS 5/12-1001(b) \$20.00 \$20.00 value of \$80.00 Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit exercise equipment with estimated 735 ILCS 5/12-1001(b) \$300.00 \$300.00 retail value of \$600.00 Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit clothing with estimated retail value 735 ILCS 5/12-1001(a) \$200.00 \$200.00 of \$500.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit jewelry with estimated retail value of 735 ILCS 5/12-1001(b) \$25.00 \$25.00 \$50.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit hand tools with estimated retail value 735 ILCS 5/12-1001(b) \$100.00 \$100.00 of \$200.00 Line from Schedule A/B: 14.1 100% of fair market value, up to any applicable statutory limit lawn mower with estimated retail 735 ILCS 5/12-1001(b) \$200.00 \$200.00 value of \$400.00 Line from Schedule A/B: 14.2 100% of fair market value, up to any applicable statutory limit snow blower with estimated retail 735 ILCS 5/12-1001(b) \$25.00 \$25.00 value of \$50.00 Line from Schedule A/B: 14.3 100% of fair market value, up to any applicable statutory limit checking: 735 ILCS 5/12-1001(b) \$200.00 \$200.00 **Chase Bank** Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit savings account: 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Chase Bank Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit debit account: Open Sky 735 ILCS 5/12-1001(b) \$25.00 \$25.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 401(k) 735 ILCS 5/12-1006 \$8,000.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1006 403(b) / TRS: retirement Unknown Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit

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Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|--|-----------------------------------|---|------------------------------------|
| | Copy the value from Check only one box for each exemption. Schedule A/B | | | |
| 403(b): Pension through Met life Line from <i>Schedule A/B</i> : 21.3 | Unknown | | | 735 ILCS 5/12-1006 |
| Line IIIII Schedule AVD. 21.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| vending machine with estimated retail value of \$150.00 | \$150.00 | | \$150.00 | 735 ILCS 5/12-1001(d) |
| Line from Schedule A/B: 40.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No | 3 years after that for ca | ses fi | , | , |
| Yes. Did you acquire the property cover No | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? |
| | | | | |

| | | Document P | age 21 | of 55 | | |
|-----------------------|----------------------------|---|-------------|----------------------------------|-------------------------|---------------------------|
| Fill in this inform | ation to identify you | | | | | |
| Debtor 1 | Simone Squire | | | | | |
| | First Name | Middle Name La | ast Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name La | ast Name | | | |
| United States Ban | kruptcy Court for the | : NORTHERN DISTRICT OF ILLING | DIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | ameno | led filing |
| ~ · · · - | 4005 | | | | | |
| Official Form | | | | | | |
| Schedule | D: Creditors | s Who Have Claims Se | ecure | d by Propert | у | 12/15 |
| Be as complete and | accurate as possible. | If two married people are filing together, b | ooth are eq | ually responsible for su | oplying correct informa | tion. If more space |
| is needed, copy the | | out, number the entries, and attach it to the | | | | |
| number (if known). | have claims secured by | v vour proporty? | | | | |
| | • | y your property? his form to the court with your other sch | odulos V | ou have nothing else t | a rapart on this form | |
| _ | | • | iedules. 10 | ou nave nothing else t | o report on this form. | |
| | all of the information | below. | | | | |
| Part 1: List All | Secured Claims | | | Column A | Column B | Column C |
| | | more than one secured claim, list the creditor s a particular claim, list the other creditors in l | | Amount of claim | Value of collateral | Unsecured |
| much as possible, lis | st the claims in alphabeti | ical order according to the creditor's name. | rail 2. AS | Do not deduct the | that supports this | portion |
| 2.1 Fifth Third | Rank | Describe the property that secures the o | claim: | value of collateral. \$93,000.00 | claim \$77,000.00 | If any \$16,000.00 |
| Creditor's Name | | 2327 S. Central Avenue Rockfo | | \$93,000.00 | <u>\$77,000.00</u> | \$10,000.00 |
| | | 61102 Winnebago County | nu, iL | | | |
| | | single family residence located | l at | | | |
| | | 2327 S. Central Ave., Rockford, | | | | |
| PO Box 63 | 0412 | As of the date you file, the claim is: Checapply. | ck all that | | | |
| Cincinnati | , OH 45263 | ☐ Contingent | | | | |
| Number, Street, | City, State & Zip Code | ☐ Unliquidated | | | | |
| | | Disputed | | | | |
| Who owes the del | ot? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mort | gage or sec | cured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Del | | ☐ Statutory lien (such as tax lien, mechan | nic's lien) | | | |
| ☐ Check if this cla | e debtors and another | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset) | | | | |
| community del | | U Other (including a right to onset) | | | | |
| Date debt was incu | rrod | Last 4 digits of account number | | | | |
| Date debt was incu | | Last 4 digits of account number | | | | |
| 2.2 Westgate | Resort | Describe the property that secures the | claim: | \$14,000.00 | \$14,000.00 | \$0.00 |
| Creditor's Name | | condominium timeshare locate | | <u> </u> | | |
| | | Kissimmee, Florida | | | | |
| | | As of the date you file, the claim is: Chec | rk all that | | | |
| 7700 West | | apply. | on an inai | | | |
| | e, FL 34747 | ☐ Contingent | | | | |
| Number, Street, | City, State & Zip Code | Unliquidated | | | | |
| Who owes the del | ot? Check one | Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | or onesk ener | ☐ An agreement you made (such as mort | gage or sec | cured | | |
| Debtor 2 only | | car loan) | J57 01 00C | ·- •= | | |
| Debtor 1 and Del | htor 2 only | ☐ Statutory lien (such as tax lien, mechan | nic's lien) | | | |
| | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this cla | | | n/mortga | age | | |
| community del | | | | | | |

Official Form 106D

Date debt was incurred

Last 4 digits of account number

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| Dе | eptor 1 | Simone Squi | re | | Case number (if know) | | |
|----|-----------|---------------------|------------------------------|-----------------------------------|-----------------------|----------|--|
| | | First Name | Middle Name | Last Name | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Α | Add the | dollar value of you | ur entries in Column A on t | his page. Write that number here: | \$107,000.0 | 00 | |
| lf | f this is | the last page of y | our form, add the dollar val | lue totals from all pages. | \$107,000.0 | 20 | |
| V | Vrite tha | at number here: | | | \$107,000.0 | , | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 10-02723 L | Document | Page 23 of 55 | J.Ja Desch | viaiii |
|--|---|---|---|-------------------------|----------------------|
| Fill in this i | nformation to identify your | | | | |
| Debtor 1 | Simone Squire | | | 1 | |
| 200101 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing |) First Name | Middle Name | Last Name | | |
| United State | s Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | |
| Case numbe | er | | | | |
| (if known) | · | | | ☐ Checl | k if this is an |
| | | | | amen | ided filing |
| Official E | orm 106E/E | | | | |
| | orm 106E/F | /ballavallmaaavrad | Claima | | 40/4E |
| | | ho Have Unsecured | Claims Y claims and Part 2 for creditors with NO | | 12/15 |
| Schedule D: C eft. Attach the name and cas | reditors Who Have Claims Sec | ured by Property. If more space is r ge. If you have no information to rep | o not include any creditors with partially needed, copy the Part you need, fill it out, port in a Part, do not file that Part. On the | , number the entries | in the boxes on the |
| 1. Do any c | reditors have priority unsecure | d claims against you? | | | |
| ■ No. G | o to Part 2. | | | | |
| ☐ Yes. | | | | | |
| | ist All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do any c | reditors have nonpriority unsec | cured claims against you? | | | |
| □ No. Yo | ou have nothing to report in this p | art. Submit this form to the court with | your other schedules. | | |
| Yes. | | | • | | |
| unsecure | d claim, list the creditor separately | y for each claim. For each claim listed | e creditor who holds each claim. If a credit, identify what type of claim it is. Do not list chave more than three nonpriority unsecured to | claims already included | d in Part 1. If more |
| | | | | Tof | tal claim |
| 4.1 Alli | ance One Receivables M | Igmt Last 4 digits of acco | ount number | | \$620.00 |
| | priority Creditor's Name | W | | | · |
| | Box 3004, Dept. 114165 penixville, PA 19460-0919 | When was the debt | incurred? | | |
| | ber Street City State Zlp Code | | file, the claim is: Check all that apply | | |
| Who | incurred the debt? Check one. | | | | |
| | ebtor 1 only | ☐ Contingent | | | |
| | ebtor 2 only | ☐ Unliquidated | | | |
| | ebtor 1 and Debtor 2 only | ☐ Disputed | | | |
| _ | t least one of the debtors and and | - (| ITY unsecured claim: | | |
| | heck if this claim is for a comr | munity | | | |
| debt | | | ng out of a separation agreement or divorce t | hat you did not | |
| | e claim subject to offset? | report as priority clair | | | |
| ■ N | | · | or profit-sharing plans, and other similar deb | SIC | |
| | 'es | Other Specify | credit purchases | | |

Document Page 24 of 55 Debtor 1 Simone Squire Case number (if know) 4.2 **Capital One Bank** Last 4 digits of account number 8132 \$620.00 Nonpriority Creditor's Name PO Box 6492 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit purchases ☐ Yes 4.3 Capital One Bank Last 4 digits of account number \$0.00 Nonpriority Creditor's Name Portfolio Recovery Assoc When was the debt incurred? 120 Corporate Blvd #100 Norfolk, VA 23502 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify notice only ☐ Yes 4.4 \$182.00 **Convergent Healthcare** Last 4 digits of account number Nonpriority Creditor's Name PO Box 630412 When was the debt incurred? Cincinnati, OH 45263 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify medical

☐ Debts to pension or profit-sharing plans, and other similar debts

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Document Page 25 of 55 Debtor 1 Simone Squire Case number (if know) 4.5 **Credit One Bank** Last 4 digits of account number 0239 \$760.00 Nonpriority Creditor's Name PO Box 60500 When was the debt incurred? City of Industry, CA 91786 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit purchases ☐ Yes 4.6 **Early Intervention** Last 4 digits of account number \$3,754.00 Nonpriority Creditor's Name PO Box 5541 When was the debt incurred? Springfield, IL 62705-5541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes medical Other. Specify 4.7 Fed Loan Servicing Credit Last 4 digits of account number \$134,600.00 Nonpriority Creditor's Name PO Box 60610 When was the debt incurred? Harrisburg, PA 17106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans

debt

■ No ☐ Yes report as priority claims

Other, Specify

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

student loan

☐ Check if this claim is for a community

Is the claim subject to offset?

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| First Northern Credit Union | Last 4 digits of account number | \$8,500.00 |
|--|--|-------------|
| Nonpriority Creditor's Name 230 W Monroe St #2850 Chicago, IL 60606 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other Specify deficiency from repossession of vehicle | |
| First Northern Credit Union | Last 4 digits of account number | \$0.00 |
| Nonpriority Creditor's Name William Reilly Law Offices 6801 Spring Creek Rd #2D Rockford, IL 61114 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify notice only | |
| Great Lakes Higher Education | Last 4 digits of account number | \$57,900.00 |
| Nonpriority Creditor's Name PO Box 7860 | When was the debt incurred? | |
| Madison, WI 53707 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| □ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? ■ | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No | | |
| ☐ Yes | Other. Specify | |

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| Debio | Simone Squire | Case Humber (II know) | |
|----------|--|--|----------|
| 4.1 | Merrick Bank | Last 4 digits of account number 1815 | \$333.00 |
| | Nonpriority Creditor's Name 10705 S Jordan Gtway #200 | When was the debt incurred? | |
| | South Jordan, UT 84095 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify credit purchases | |
| 4.1 | Midland Funding | Last 4 digits of account number 6260 | \$760.00 |
| | Nonpriority Creditor's Name 2365 Northside Dr. #30 | When was the debt incurred? | |
| | San Diego, CA 92108 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | 76 of the date you me, the damine. Offeek an that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify credit purchases | |
| 4.1 | Midland Funding | Last 4 digits of account number | \$0.00 |
| <u> </u> | Nonpriority Creditor's Name Midland Credit Mgmt | When was the debt incurred? | |
| | 8875 Aero Dr. #200 San Diego, CA 92123 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Notice only | |
| | | - variet adectiv | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Simone Squire

Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 192,500.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 15,529.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 208,029.00 |

| | | Docume | TILL TAUC ZJ UTJJ | |
|---|-------------------------|-------------------|-------------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Simone Squire | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | Company with Name, Number | whom you have the street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | <u> </u> | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

| | | Docume | ent Page 30 o | <u>f 55</u> |
|------------------------------|---|---|--------------------------------|--|
| Fill in this | information to identify your | case: | | |
| Debtor 1 | Simone Squire | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, fili | ng) First Name | Middle Name | Last Name | |
| | | | | |
| United Sta | ites Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case num | ber | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Officia | l Form 106H | | | |
| | | obtore | | 40/45 |
| Scried | lule H: Your Cod | epiois | | 12/15 |
| ill it out, a our name | | boxes on the left. Attac . Answer every question | h the Additional Page to n. | on. If more space is needed, copy the Additional Page, o this page. On the top of any Additional Pages, write as a codebtor. |
| | | | | |
| ■ No | | | | |
| ☐ Yes | 5 | | | |
| | hin the last 8 years, have you na, California, Idaho, Louisiana, | | | \('\)? (Community property states and territories include ngton, and Wisconsin.) |
| ■ No. | . Go to line 3. | | | |
| ☐ Yes | s. Did your spouse, former spou | use, or legal equivalent liv | e with you at the time? | |
| in line Form | e 2 again as a codebtor only i | f that person is a guarar | ntor or cosigner. Make s | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and Zl | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| - | Number Street | | | _ |
| | City | State | ZIP Code | |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | _ ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| - | Number Street | | | _ |

State

City

ZIP Code

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| Fill | in this information to identify your o | case: | | | | | | | | |
|------|--|-----------------------------|----------------|--------------------------------|-----------|---------|----------------|------------|--------------|--|
| | btor 1 Simone Squ | | | | | | | | | |
| 1 - | btor 2 buse, if filing) | | | | | _ | | | | |
| Uni | ited States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF ILL | INOIS | | | | | | |
| | se number nown) | | - | | | | □ A | | nt showing | g postpetition chapter bllowing date: |
| 0 | fficial Form 106I | | | | | | N | IM / DD/ Y | YYY | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/1 |
| atta | use. If you are separated and you ch a separate sheet to this form. The describe Employment | On the top of any additi | | | | | | | | |
| 1. | Fill in your employment information. | | Debtoi | ·1 | | | | Debtor 2 | or non-fi | ling spouse |
| | If you have more than one job, attach a separate page with | Employment status | ■ Em | oloyed | | | | ■ Emplo | yed | |
| | information about additional employers. | | ☐ Not employed | | | | ☐ Not employed | | | |
| | • • | Occupation | Teach | er | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Freep | ort School D | istrict | 145 | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | . South Stree ort, IL 61032 | | | | | | |
| | | How long employed t | here? | 3 years | | | | _ | | |
| Par | rt 2: Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the cuse unless you are separated. | late you file this form. If | you have | nothing to repo | ort for a | ny line | e, write | \$0 in the | space. Inc | clude your non-filing |
| | ou or your non-filing spouse have m e space, attach a separate sheet to | | ombine th | e information fo | or all er | nploye | ers for | that perso | n on the lir | nes below. If you need |
| | | | | | | F | or Dek | otor 1 | | otor 2 or ng spouse |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$ | 4 | ,300.00 | \$ | 0.00 |

| 3. Estimate and list monthly overtime pay. 3. + | -\$0.00 | +5 | 0.00 |
|---|------------|----|------|
| 4. Calculate gross Income. Add line 2 + line 3. | \$4,300.00 | \$ | 0.00 |

Official Form 106I Schedule I: Your Income page 1

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| Debt | or 1 | Simone Squire | - | (| Case r | number (<i>if kr</i> | iown) | | | | |
|------|--|--|----------|-----------------|-------------|-----------------------|------------|----------|------------|---------|-----------|
| | | | | | For | Debtor 1 | | Fo | or Debtor | 2 or | |
| | • | welling Albania | , | | _ | 4.000 | | | n-filing s | • | |
| | Cop | by line 4 here | 4. | | \$ | 4,300 | 0.00 | \$_ | | 0.00 | _ |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ā. | \$ | 900 | 0.00 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 |) . | \$ | C | 0.00 | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | | 0.00 | \$_ | | 0.00 | _ |
| | 5e. | Insurance | 5e | | \$ | | 0.00 | \$_ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | | 0.00 | \$ \$ | | 0.00 | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g 5h |). 1.+ | \$ - | | .00 .00 | | | 0.00 | _ |
| 6 | | · · · | _ | | \$ \$ | | | | | | _ |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | · — | 1,027 | | \$_ | | 0.00 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 3,273 | 3.00 | \$_ | | 0.00 | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | |
| | | monthly net income. | 88 | ā. | \$ | C | .00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b |) . | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | | \$ | 700 | 0.00 | \$ | | 0.00 | |
| | 8d. | Unemployment compensation | 80 | | \$ — | | 0.00 | \$ \$ | | 0.00 | _ |
| | 8e. | Social Security | 86 | | \$_ | | 0.00 | \$ | | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f | | \$ | | 0.00 | \$_ | | 0.00 | _ |
| | 8g. | Pension or retirement income | 80 | | \$ | | 0.00 | \$_ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: part-time employment | _ 8r | ۱. + | \$ | 325 | 5.00 | + \$_ | | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | , | \$ | 1,105 | 5.00 | \$_ | | 0.0 | 0 |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. | \$ | _ | 4,378.00 | + \$ | | 0.00 | = \$ | 4,378.00 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | , | | | | | , |
| 11. | 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 | | | | | | | | | | |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | e. 12. | \$Combi | |
| 13. | Do : | you expect an increase or decrease within the year after you file this form | ? | | | | | | | month | ly income |
| | _ | No. Yes Explain: | | | | | | | | | |

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| | | | | | | Ī | | | | | |
|-------------------|--|--|-------------------------------------|---|-----------------------|-------------------|--------------------------------------|-------------------------------|--|--|--|
| Fill | in this informa | ition to identify yo | ur case: | | | | | | | | |
| Deb | tor 1 | Simone Squi | re | | | Check if this is: | | | | | |
| Deb | tor 2 | | | | | _ | An amended filing A supplement show | ving postpetition chapter | | | |
| (Spo | ouse, if filing) | | | | | _ | | the following date: | | | |
| Unit | ed States Bankr | ruptcy Court for the: | NORTH | MM / DD / YYYY | | | | | | | |
| | e number nown) | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | ` | | | | | |
| Sc | chedule | J: Your I | Exper | ises | | | | 12/15 | | | |
| Be info nur | as complete a ormation. If m nber (if know | and accurate as lore space is ne n). Answer ever | possible eded, atta y questio | . If two married people ar ich another sheet to this | | | | | | | |
| Par 1. | t 1: Descr Is this a joir | ribe Your House | hold | | | | | | | | |
| ••• | No. Go to | | | | | | | | | | |
| | _ | es Debtor 2 live i | n a separ | ate household? | | | | | | | |
| | ПΝ | 0 | • | | | | | | | | |
| | □Y | es. Debtor 2 mus | t file Offici | al Form 106J-2, Expenses | for Separate House | ehold of Debto | or 2. | | | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | | |
| | Do not list D Debtor 2. | • | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? | | | |
| | Do not state | the | | | | | | □ No | | | |
| | dependents | | | | minor child | | 5 | ■ Yes | | | |
| | | | | | adult child | | 18 | □ No | | | |
| | | | | | addit Cilid | | | ■ Yes □ No | | | |
| | | | | | | | | ☐ Yes | | | |
| | | | | | | | | □ No | | | |
| | | | | | | | | ☐ Yes | | | |
| 3. | | penses include f people other th | | No | | | | | | | |
| | | d your depende | | Yes | | | | | | | |
| Dor | | | | ly Evnence | | | | | | | |
| Est exp | imate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | | |
| | | | | government assistance i | | | | | | | |
| | value of sucl ficial Form 10 | | d have inc | cluded it on Schedule I:) | our Income | | Your exp | enses | | | |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | e 4. \$ | | 866.00 | | | |
| | If not includ | led in line 4: | | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 | | | |
| | | estate taxes erty, homeowner's | s, or renter | 's insurance | | 4a. \$ 4b. \$ | | 0.00 0.00 | | | |
| | • | • | | ıpkeep expenses | | 4c. \$ | | 75.00 | | | |
| | | owner's associat | | | | 4d. \$ | | 0.00 | | | |
| 5. | Additional r | nortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 | | | |

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| Debtor | 1 Sir | mone S | Squire | Case nu | mb | er (if known) | |
|---------------|---------------------|-----------|--|-----------------|----------|------------------|-----------------------------|
| 6. U | tilities: | | | | | | |
| o. o . | | ctricity. | heat, natural gas | 6a | ì. | \$ | 275.00 |
| 6k | | - | ver, garbage collection | 6b | | | 75.00 |
| 60 | | | , cell phone, Internet, satellite, and cable services | 60 | | | 350.00 |
| 60 | | ner. Spe | | 6d | | · | 0.00 |
| | | | ekeeping supplies | | | \$ | 700.00 |
| | | | hildren's education costs | 8 | | \$ | 350.00 |
| _ | | | ry, and dry cleaning | |).). | • | 150.00 |
| | _ | | • | 10 | | | |
| | | - | roducts and services | | | · | 100.00 |
| | | | ntal expenses | 11 | | > | 100.00 |
| | | | Include gas, maintenance, bus or train fare. | 12 |) | \$ | 500.00 |
| | | | ar payments. clubs, recreation, newspapers, magazines, and books | 13 | | \$ | 100.00 |
| | | | ributions and religious donations | 14 | | \$ | 15.00 |
| | | | ibutions and religious donations | 14 | ١. | Φ | 15.00 |
| | surance | | surance deducted from your pay or included in lines 4 or 20. | | | | |
| | 5a. Life | | , , , | 15a | | ¢ | 0.00 |
| | oa. Liie 5b. Hea | | | 15a 15b | | | |
| | | | | | | · | 0.00 |
| | 5c. Veh | | | 150 | | * | 70.00 |
| | | | rance. Specify: | 15d | 1. | Φ | 0.00 |
| | | o not in | clude taxes deducted from your pay or included in lines 4 or 20. | | | c | 2.22 |
| | pecify: | | | 16 |). | \$ | 0.00 |
| | | | ease payments: | 17- | | ¢ | 0.00 |
| | | , , | ents for Vehicle 1 | 17a | | · | 0.00 |
| | | | ents for Vehicle 2 | 17b | | · | 0.00 |
| | | | ecify: student loan | 17c | | * | 275.00 |
| | 7d. Oth | | · · | 17d | 1. | \$ | 0.00 |
| | | | of alimony, maintenance, and support that you did not repo | | , | ¢. | 0.00 |
| | | | your pay on line 5, Schedule I, Your Income (Official Form 10 | 06I). 18 | | · | |
| | | yments | you make to support others who do not live with you. | | | \$ | 0.00 |
| | pecify: | | | 19 | | _ | |
| | | | erty expenses not included in lines 4 or 5 of this form or on | | | | 0.00 |
| | | | on other property | 20a | | | 0.00 |
| | 0b. Rea | | | 20b | | · | 0.00 |
| | | | nomeowner's, or renter's insurance | 200 | | · | 0.00 |
| | | | ce, repair, and upkeep expenses | 20 d | | · | 0.00 |
| 20 | 0e. Hor | meown | er's association or condominium dues | 20e | | | 0.00 |
| 1. O | ther: Sp | oecify: | | 21 | | +\$ | 0.00 |
| <u> </u> | | | | | Γ | | |
| | | | nonthly expenses | | | • | 4 004 00 |
| | | | through 21. | | | \$ | 4,001.00 |
| 22 | 2b. Copy | y line 22 | 2 (monthly expenses for Debtor 2), if any, from Official Form 106 | iJ-2 | | \$ | |
| 22 | 2c. Add | line 22a | a and 22b. The result is your monthly expenses. | | | \$ | 4,001.00 |
| | | | | | L | | · |
| | | | nonthly net income. | - - | | • | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a | | | 4,378.00 |
| 23 | 3b. Cop | py your | monthly expenses from line 22c above. | 23b |). | -\$ | 4,001.00 |
| | | | | | Γ | | |
| 23 | | | our monthly expenses from your monthly income. | 230 | | \$ | 377.00 |
| | The | e result | is your monthly net income. | ∠30 | ·· [| Ψ | 377.00 |
| | | .v.a -4 - | un increase ou decrease in verre concerned with in the correct | an van Ela d | :- | form? | |
| | | | In increase or decrease in your expenses within the year aft u expect to finish paying for your car loan within the year or do you expec | | | | se or decrease because of a |
| | | | terms of your mortgage? | or your mongage | υP | ayıncın to morea | oc or decrease because of a |
| _ | No. | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | |
| | l Yes. | | Explain here: | | | | |

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| Fill in this info | rmation to identify your | case: | | | |
|---------------------|---|--------------------------|--------------------------|------------------------------|--|
| Debtor 1 | Simone Squire | | | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | sankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| | m 106Dec | | | | |
| Declara | tion About a | ın Individual | Debtor's So | chedules | 12/15 |
| Sig | gn Below | | | | |
| Did you p | ay or agree to pay some | one who is NOT an attor | ney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | y Petition Preparer's Notice, Signature (Official Form 119) |
| | | | | Doolardion, and | orginataro (Omoidi i omi 110) |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules file | ed with this declaration and | d |
| X /s/ Sir | none Squire | | x | | |
| | ne Squire | | Signature o | f Debtor 2 | |
| Signati | ure of Debtor 1 | | | | |
| Date | November 18, 2016 | | Date | | |

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| Fill in | this inform | nation to identify you | r case: | | | |
|-------------------|-----------------|--|--|---|--|---|
| Debtor | r 1 | Simone Squire | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debtor (Spouse | | First Name | Middle Name | Last Name | | |
| | | | | | | |
| United | States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| DF ILLINOIS | | |
| Case r | number _ | | | | _ | Check if this is an mended filing |
| | | rm 107 of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/10 |
| nform | ation. If m | | attach a separate sheet to | | equally responsible for sup additional pages, write you | |
| Part 1 | Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| I. W | hat is your | current marital statu | ıs? | | | |
| | Married Not mar | ried | | | | |
| 2. Dı | uring the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | No Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | : | |
| D | ebtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | No Yes. Ma | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Explai | n the Sources of You | r Income | | | |
| Fil | ll in the tota | I amount of income yo | u received from all jobs and a | ng a business during this yeall businesses, including parter together, list it only once un | | ndar years? |
| | | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | • | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$49,700.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known) Document

Debtor 1 Simone Squire

| | Debtor 1 | | Debtor 2 | |
|--|--|---|--|---|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2015) | ■ Wages, commissions, bonuses, tips | \$47,420.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| For the calendar year before that: (January 1 to December 31, 2014) | ■ Wages, commissions, bonuses, tips | \$32,500.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |

Did you receive any other income during this year or the two previous calendar years?

Dalutan 4

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | | |
|---|--------------------------------------|---|--------------------------------------|---|--|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) | |
| From January 1 of current year until the date you filed for bankruptcy: | Child Support | \$8,600.00 | | | |
| | son's social security | \$4,200.00 | | | |
| For last calendar year: (January 1 to December 31, 2015) | Child Support | \$9,360.00 | | | |
| | Dividends | \$28.00 | | | |
| | withdrawal from retirement | \$912.00 | | | |
| | son's social security | \$8,400.00 | | | |
| For the calendar year before that: (January 1 to December 31, 2014) | withdrawal from retirement | \$16,736.00 | | | |
| | Unemployment Compesation | \$2,826.00 | | | |
| | Child Support | \$8,400.00 | | | |
| | son's social security | \$6,000.00 | | | |

Case 16-82723 Doc 1 Filed 11/18/16 Entered 11/18/16 16:33:39 Desc Main Document Page 38 of 55 Case number (if known) Debtor 1 Simone Squire Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment Total amount** Amount you Was this payment for ... paid still owe Fifth Third Bank 2016 \$2,600.00 \$93,000.00 ■ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment \square Suppliers or vendors □ Other 2016 \$690.00 \$14,000.00 **Westgate Resort** Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider.

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for

Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe

Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

Nο

Yes. List all payments to an insider

Insider's Name and Address Reason for this payment Dates of payment **Total amount** Amount you Include creditor's name paid still owe

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody Case 16-82723 Doc 1 Filed 11/18/16 Entered 11/18/16 16:33:39 Desc Main Document Page 39 of 55

Debtor 1 Simone Squire Case number (if known) modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number First Northern Credit Union vs. collection Winnebago County □ Pending Squire □ On appeal Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Amount Date action was taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates vou Value

more than \$600

Charity's Name

Address (Number, Street, City, State and ZIP Code)

contributed

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| Deb | btor 1 Simone Squire | Document | Page 40 of 5 | 5 ise number (# | f known) | |
|-----|--|---|--------------------------------------|---------------------------|--|-------------------------|
| | | | | | | |
| Par | rt 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | uptcy or since you filed fo | or bankruptcy, did yo | u lose anyth | ing because of the | t, fire, other disaster |
| | ■ No □ Yes. Fill in the details. Describe the property you lost and | Describe any insurance | a coverage for the los | | Date of your | Value of property |
| | how the loss occurred | Include the amount that insurance claims on line | insurance has paid. Lis | t pending | Date of your loss | lost |
| Par | rt 7: List Certain Payments or Transfer | s | | | | |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition | preparing a bankruptcy | petition? | | | rty to anyone you |
| | NoYes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | transferred | d value of any proper | ty | Date payment or transfer was made | Amount of payment |
| | Bankruptcy Clinic 1 Court Place Rockford, IL 61101 | Attorney Fee | s | | 2016 | \$700.00 |
| | Summit Financial | Credit Couns | eling | | 2016 | \$10.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha | ditors or to make payme | else acting on your b | ehalf pay or ? | transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description an transferred | d value of any proper | rty | Date payment or transfer was made | Amount of payment |
| | Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have al | ur business or financial as s made as security (such a | affairs? as the granting of a sec | | | |
| | ■ No☐ Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | Description an property transf | | | ny property or received or debts hange | Date transfer was made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bank beneficiary? (These are often called asse No ☐ Yes. Fill in the details. | | any property to a self | f-settled trus | st or similar device | of which you are a |

Name of trust

Description and value of the property transferred

Date Transfer was

made

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Case number (if known)

Simone Squire Debtor 1

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No Yes. Fill in the details. | or other financial accoun | nts; certificat | es of deposi | | , , |
|-----|---|---|-----------------------|--------------|--|---|
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accinstrument | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. | year before you filed for | · bankruptcy, | any safe de | posit box or other deposi | tory for securities, |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or it to it? Address (Number, State and ZIP Code) | nad access | | re you filed for bankrupto | Do you still have it? |
| | Cubesmart | Debtor only | | for one i | ented storage facility month. No property n storage. | ■ No □ Yes |
| Par | t 9: Identify Property You Hold or Contro | ol for Someone Else | | | | |
| 23. | Do you hold or control any property that so for someone. | omeone else owns? Incl | ude any prop | erty you bor | rowed from, are storing f | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Par | t 10: Give Details About Environmental In | formation | | | | |

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Simone Squire

| 24. | Has any governmental unit notified you that y ■ No □ Yes. Fill in the details. | ou may be liable or potentially liable | under or in violation of an environme | ental law? |
|------|---|---|--|-------------------|
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of an ■ No □ Yes. Fill in the details. | ny release of hazardous material? | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admi No Yes. Fill in the details. Case Title | | ronmental law? Include settlements a | and orders. |
| | Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | nature of the case | case |
| Part | 11: Give Details About Your Business or Co | onnections to Any Business | | |
| | ☐ A sole proprietor or self-employed in ☐ A member of a limited liability compar ☐ A partner in a partnership ☐ An officer, director, or managing exect ☐ An owner of at least 5% of the voting ☐ No. None of the above applies. Go to Pa ☐ Yes. Check all that apply above and fill in ☐ Business Name | ny (LLC) or limited liability partnershi cutive of a corporation or equity securities of a corporation art 12. | ip (LLP) | |
| | Address | Name of accountant or bookkeeper | Employer Identification number Do not include Social Security Dates business existed | |
| | J | Debtor was the owner of 50% RGSS Management, Inc. (presently, no business activity). | EIN: From-To | |
| | | Debtor was owner (50% of S&M Vending) from 2011 to 2012. | EIN: From-To | |
| | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | y, did you give a financial statement t | o anyone about your business? Inclu | ude all financial |
| | ■ No □ Yes. Fill in the details below. | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | |

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Debtor 1 Simone Squire Document Page 43 01 55
Case number (if known)

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

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| Fill in this inforn | mation to identify your ca | ise: | | |
|--|---|---|---|---|
| Debtor 1 | Simone Squire | | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS | _ |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Official Fo Stateme r | | n for Indiv | iduals Filing Under Ch | apter 7 12/15 |
| you have leas You must file this whiche on the If two married pe sign an | ever is earlier, unless the form cople are filing together indicate the form. | r property, or d the lease has no hin 30 days after court extends the n a joint case, bot | | es to the creditors and lessors you list prect information. Both debtors must |
| | our Creditors Who Have | | : Creditors Who Have Claims Secured by F | Property (Official Form 106D), fill in the |
| information be | _ | | What do you intend to do with the prope | |
| | , | | secures a debt? | as exempt on Schedule C? |
| Creditor's F name: | ifth Third Bank | | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of property securing debt: | 2327 S. Central Ave Rockford, IL 61102 County single family reside at 2327 S. Central A Rockford, IL | Winnebago nce located | ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ■ Yes |
| Creditor's M | /estgate Resort | | Surrender the property. | ■ No |
| Description of property securing debt: | in Kissimmee, Flori | | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

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| Deb | or 1 Simone Squire | Case number (if known) |
|--------------|--|--|
| | | |
| Des | cribe your unexpired personal property leases | Will the lease be assumed? |
| Des | or's name: cription of leased | □ No |
| Prop | erty: | ☐ Yes |
| | or's name: cription of leased | □ No |
| Prop | erty: | ☐ Yes |
| | or's name: cription of leased | □ No |
| Prop | erty: | ☐ Yes |
| | or's name: cription of leased | □ No |
| | erty: | ☐ Yes |
| | or's name: cription of leased | □ No |
| | erty: | ☐ Yes |
| | or's name: cription of leased | □ No |
| | erty: | ☐ Yes |
| | or's name: | □ No |
| Prop | cription of leased erty: | ☐ Yes |
| Part | 3: Sign Below | |
| ı ait | o. Sign below | |
| Unde prop | r penalty of perjury, I declare that I have indicated m erty that is subject to an unexpired lease. | y intention about any property of my estate that secures a debt and any personal |
| Χ | /s/ Simone Squire | X |
| • | Simone Squire Signature of Debtor 1 | Signature of Debtor 2 |
| | Date November 18, 2016 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-82723 Doc 1 Filed 11/18/16 Entered 11/18/16 16:33:39 Desc Main Document Page 50 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Simone Squire | | Case No |). | |
|-------|---|--|--|--|-------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENS | ATION OF ATTO | RNEY FOR I | DEBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or | f the petition in bankruptcy | , or agreed to be pa | id to me, for services rendered o | r to |
| | For legal services, I have agreed to accept | | | 700.00 | |
| | Prior to the filing of this statement I have received | | \$ | 0.00 | |
| | Balance Due | | \$ | 700.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation | ation with any other person | n unless they are me | embers and associates of my law | firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | | A |
| 6. | In return for the above-disclosed fee, I have agreed to rende | er legal service for all aspec | cts of the bankruptc | y case, including: | |
| | a. Analysis of the debtor's financial situation, and renderingb. Preparation and filing of any petition, schedules, statemec. Representation of the debtor at the meeting of creditors atd. [Other provisions as needed] | ent of affairs and plan whic | h may be required; | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee do Applicable to Chapter 7: \$75.00 for each po of motion for court approval of reaffirmatio \$250.00 per hour plus costs (when applicate Representation does not include defense of dismissal proceedings, reinstatement processing stay actions or other adversary processing stay action stay actions or other adversary processing stay actions or other adversary processing stay actions or other adversary processing stay action stay | ost-petition amendmen on agreement, and atter ole) for all other repres of discharge or dischar eedings, judicial lien a | t to Schedules; \$ ndance at hearin entation. geability procee voidances, post | g if required by the court; dings, redemption proceeding petition amendments, relief | ngs, |
| | motion to approve reaffirmation agreement | | | | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of any agbankruptcy proceeding. | greement or arrangement to | or payment to me to | r representation of the debtor(s) i | n |
| 1 | November 18, 2016 | /s/ Gary C. Fland | | | |
| Ι | Date Control of the C | Gary C. Flander Signature of Attorn | | | |
| | | Bankruptcy Clin | | | |
| | | 1 Court Place Rockford, IL 611 | 01 | | |
| | | 815-962-7084 F | ax: 815-987-3759 | | |
| | | Name of law firm | | | |

DOCBANKRUPROY5CIONSC

GARY C. FLANDERS Attorney at Law

One Court Place, Suite 201 Rockford, Illinois 61101 Telephone: 815/962-7084

CONTRACT FOR CHAPTER 7 BANKRUPTCY SERVICES

This agreement is executed this /4th day of /(1/2), 2014.

Type of Bankruptcy

Client retains attorney Gary C. Flanders to file a Chapter 7 bankruptcy. If the client determines at a later date that client desires to file a Chapter 13 bankruptcy, the parties shall execute a new fee contract setting forth the terms of such representation.

2. Services Provided by Attorney:

Contingent upon being paid for the services as specified below, the Attorney shall provide the following legal services for the client: Preparation and filing of Chapter 7 Petition in Bankruptcy.

3. Fees

The base fee for the filing of the bankruptcy is \$ \(\frac{100}{00} \) and filing fee \(\frac{\$335.00}{00} \) for a total of \$ \(\frac{100}{00} \), to be paid prior to filing and within six months of the date of this agreement. The amount of the filing fee may increase,

Additional costs required on a case-by-case basis include:

- a). Mandatory prepetition credit counseling and post-petition financial education (all cases).
- b). Tax transcripts
- c). Credit report (recommended).
- d). Asset verification report (when required by attorney).

If the fees are not paid as stated above and as a result the amount of legal service to be provided by the attorney and/or his staff is increased, the fee shall be increased accordingly to compensate the Attorney for the additional time and expense in providing the legal services.

4. Terms of Payment

- a). The fees shall be paid in full prior to the filing of the bankruptcy.
- b). Client has paid \$ \(\begin{aligned} \times \in \text{D} \\ \text{ as a retainer fee.} \end{aligned} \) This amount has been earned upon receipt by the Attorney and is not refundable.
- c). No earned portion of any fee received is refundable.

5. Services Not Provided Under the Base Fee

Representation does not include defense of discharge or dischargeability proceedings, redemption proceedings, dismissal proceedings, reinstatement proceedings, judicial lien avoidances, post-petition amendments, relief from stay actions or other adversary proceedings or attendance at continued meeting of creditors, preparation of motion to approve reaffirmation agreement (when in sole discretion of attorney a reaffirmation motion is required).

Document

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- Compensation For Services Not Covered Under Base Fee 6.
- It is understood that if Attorney and Client agree that Attorney is to provide services described in paragraph 5 a separate retainer agreement detailing such services and associated costs will be signed by Attorney and Client. a).
- b). \$75.00 for preparation and filing of each amendment to the bankruptcy Schedules or Statement of Financial Affairs.
- c). \$75.00 for preparation and filing of motion for court approval of reaffirmation agreement, and attendance at hearing if required by the court.
- \$500.00 for motion to reopen Chapter 7 case if Client fails to satisfy post-petition financial d). education requirements.
- The Client understands that if the Client does not pay the fees as set forth above, the Attorney has no obligation to provide the services, and has the right to file a motion to withdraw as the attorney for the Client. e).

7. Client's Obligations

The Client's Obligations are as follows:

- a). To pay the fees as set forth above.
- To provide accurately, honestly and in a timely manner, all the information including all documents necessary to prepare and file the Chapter 7 bankruptcy. b).
- To satisfy prepetition credit counseling and postpetition financial education requirements. c).
- To keep the Attorney advised at all times of the Client's address and telephone numbers. d).
- To attend the 341 Creditors Meeting and other hearings set in the case as advised by e). Attorney.
- To provide any information requested of the Client by the chapter 7 trustee, the U.S. Trustee, or any other party in interest, unless the Court rules that the Client is not required to provide the information. f).
- To respond immediately to any requests of the Client by the Attorney or the Attorney's g).
- 8. Attorney is authorized to disburse from his Client Trust Account, when applicable, funds for payment of filing fees, costs, attorney fees and refunds.

Gary C. Flanders

Client

Client

Client acknowledges receipt of a copy of this agreement.

We are a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code.

United States Bankruptcy Court Northern District of Illinois

| | | - 10- 1 | | |
|-------|--|---|------------------------|----------------------|
| In re | Simone Squire | | Case No. | |
| | · | Debtor(s) | Chapter 7 | |
| | VE | RIFICATION OF CREDITOR M | 1ATRIX | |
| | | Number of | Creditors: | 15 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | tors is true and corre | ct to the best of my |
| | November 18, 2016 | /s/ Simone Squire | | |

Alliance One Receivables Mgmt PO Box 3004, Dept. 114165 Phoenixville, PA 19460-0919

Capital One Bank PO Box 6492 Carol Stream, IL 60197

Capital One Bank Portfolio Recovery Assoc 120 Corporate Blvd #100 Norfolk, VA 23502

Convergent Healthcare PO Box 630412 Cincinnati, OH 45263

Credit One Bank PO Box 60500 City of Industry, CA 91786

Early Intervention PO Box 5541 Springfield, IL 62705-5541

Fed Loan Servicing Credit PO Box 60610 Harrisburg, PA 17106

Fifth Third Bank PO Box 630412 Cincinnati, OH 45263

First Northern Credit Union 230 W Monroe St #2850 Chicago, IL 60606

First Northern Credit Union William Reilly Law Offices 6801 Spring Creek Rd #2D Rockford, IL 61114

Great Lakes Higher Education PO Box 7860 Madison, WI 53707

Merrick Bank 10705 S Jordan Gtway #200 South Jordan, UT 84095

Midland Funding 2365 Northside Dr. #30 San Diego, CA 92108

Midland Funding Midland Credit Mgmt 8875 Aero Dr. #200 San Diego, CA 92123

Westgate Resort 7700 Westgate Blvd Kissimmee, FL 34747